Case Number:	CM13-0013896		
Date Assigned:	03/03/2014	**Date of Injury:**	12/12/2001
Decision Date:	04/22/2014	**UR Denial Date:**	08/12/2013
Priority:	Standard	**Application Received:**	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 49-year-old male who was injured on December 12, 2001. The patient continued to experience pain in low back and right leg with spasms between his shoulders. The patient also complained of constipation, sexual problems, and difficulty sleeping. Physical examination was notable for limited range of motion in his back secondary to pain and increased tone in his lumbar paraspinal muscles. Diagnoses included lumbar radiculopathy, opioid dependence, chronic pain syndrome, lumbar myofascial pain, and sleep dysfunction. Treatment included Requests for authorization for Androgel 1% #2 with 5 refills and Temazepam 22.5 mg # 30 with 5 refills were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ANDROGEL 1% #2 WITH 5 REFILLS (DISPENSE GENERIC UNLESS WRITTEN DAW: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 2009, Chronic Pain, page 110, Testosterone replacement for hypogonadism.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, section on Testosterone.

Decision rationale: Androgel is topial testosterone. It is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Hypogonadism has been noted in patients receiving intrathecal opioids and long-term high dose opioids. Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. In this case there is no documentation of signs of hypogonadism and there is no testosterone level documented. Medical necessity has not been established. The request is not medically necessary and appropriate.

TEMAZEPAM 22.5MG #30 WITH 5 REFILLS (DISPENSE GENERIC UNLESS WRITTEN DAW): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 2009, Chronic Pain, Benzodiazepines. Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines,. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, section on Insomnia.

Decision rationale: Temazepam is a benzodiazepine which it FDA approved for the treatment of insomnia. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Temazepam is recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). In this case the patient had been taking the temazepam since at least April 2013. The duration of treatment surpasses the recommended short-term duration. In addition, there is documentation in the medical record dated April 24, 2013, that the temazepam is not effective as the patient is still having difficulty sleeping. Recommendations for use have not been followed and the medication is ineffective. The request is not medically necessary and appropriate.